

SINGLE FAMILY HOUSING FUND ANALYSIS

1. CASE NUMBER				THIS SPACE FOR FINANCE OFFICE USE ONLY				
ST.	CO.	BORROWER NUMBER	LN	CR	FY	v	DP	RP
2. NAME (IF APPLICANT								
3. LENDER IDENTIFICATION NUMBER								

4. NAME OF LENDER <input type="checkbox"/> NO. NAME FIELDS (1, 2 or 3 from below)	5. ADDRESS OF LENDER
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PART A: CHARACTERISTICS OF PRIOR HOME

6. CHARACTERISTICS OF PRIOR HOME: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D									
PART B: GENERAL CHARACTERISTICS									
7. AGE OF APPLICANT:					14. ANNUAL FAMILY INCOME		\$		0
8. NUMBER IN HOUSEHOLD:					15. ADJUSTED FAMILY INCOME				
9. LOCATION CODE:					<input type="checkbox"/> VERY LOW <input type="checkbox"/> LOW <input type="checkbox"/> MODERATE		\$		0
10. UTILITIES CODE:					16. NET ASSETS		\$		0
11. SECURITY CODE:					17. APPRAISED VALUE		\$		0
12. COSIGNER: <input type="checkbox"/> 1 - YES <input type="checkbox"/> 2 - NO					18. PLUS EXISTING REAL ESTATE DEBT		\$		0
13. <input type="checkbox"/> 1: NATIVE HAWAIIAN-GUARANTEE <input type="checkbox"/> 2: NATIVE HAWAIIAN-NO GUARANTEE <input type="checkbox"/> 3: NATIVE ALASKAN-TRIBAL LAND <input type="checkbox"/> 4: NATIVE ALASKAN-OTHER <input type="checkbox"/> 5: NATIVE AMERICAN INDIAN-TRIBAL/RESERV. <input type="checkbox"/> 6: NATIVE AMERICAN INDIAN-OTHER									

PART C: USE OF FUNDS

19. <input type="checkbox"/> 1 - BUILD	<input type="checkbox"/> 2 - PURCHASE NEW	<input type="checkbox"/> 3 - PURCHASE OLD	AGE _____ YRS.	\$				0
20. REPAIR	<input type="checkbox"/> 1 - EXISTING DWELLING	<input type="checkbox"/> 2 - TRANSFER	<input type="checkbox"/> 3 - CREDIT SALE	\$				0
21. REFINANCE				\$				0
22. EQUITY PAYOUT				\$				0
23. LAND PURCHASE								
NUMBER OF ACRES _____				\$				0
24. 504 ASSISTANCE	<input type="checkbox"/> LOAN \$ _____	<input type="checkbox"/> GRANT \$ _____		\$				0
25. FEES AND CLOSING COSTS				\$				0
26. TOTAL CASH COST				\$				0
27. AMOUNT FURNISHED BY APPLICANT				\$				0
28. AMOUNT OF ASSISTANCE	<input type="checkbox"/> INSURED	<input type="checkbox"/> GUARANTEED		\$				0

PART D: INFORMATION ABOUT DWELLING

29. TOTAL AREA (SQ. FT.)	33. NO. OF BEDROOMS <input type="checkbox"/> 1 <input type="checkbox"/> 3	36. EXPIRATION DATE
30. LIVING AREA (SQ. FT.)	<input type="checkbox"/> 2 <input type="checkbox"/> 4-OR MORE	
31. BASEMENT <input type="checkbox"/> 1 - NONE <input type="checkbox"/> 2- FULL OR PARTIAL	34. REHABILITATED <input type="checkbox"/> 1 - YES <input type="checkbox"/> 2 - NO	
32. NO. OF STORIES <input type="checkbox"/> 1 <input type="checkbox"/> 2-OR MORE	35. TYPE OF CONSTRUCTION <input type="checkbox"/> 1-ON SITE <input type="checkbox"/> 2- MODULAR/PANELIZED <input type="checkbox"/> 3-MANUFACTURED HOME	
37. COMMENTS:		38. EXPIRATION DATE